Image# 14952563086 PAGE 1/3

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Katko for Congress				7	
ADDRESS (number and street) 5407 Anvil Drive				-	
CITY, STATE, and ZIP CODE		NY 1303	94		
Camillus 2. NAME OF CANDIDATE		3. OFFICE SOUGHT (St		4. FEC IDENTIFICATION I	MIIMPED
John M Katko			NY 24	C00556365	
5. ISTHIS AN AMENDMENT? NO, THIS IS A	NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
David S. Burns				day, year)	
100 Marvelle Rd.				10/29/2014	1000.00
		Transaction ID : F6	5.4631		
Fayetteville	NY 13066	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
Todd J. Caputo				day, year)	4.400.00
4552 Spruce Ridge Dr.				10/30/2014	1400.00
		Transaction ID: F6.4624			
Manlius	NY 13104	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
Alexandra D. Congel				day, year)	
2827 Benson Rd.				10/29/2014	2600.00
		Transaction ID : F6	6.4633		
Skaneateles	NY 13152	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
Stephen J. Congel				day, year)	
2827 Benson Rd.				10/29/2014	2600.00
		Transaction ID : F6	5.4632		
Skaneateles	NY 13152	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
Henry W. Fust				day, year)	
4252 Westshore Manor Rd.				10/30/2014	1000.00
		Transaction ID : F6	5.4627		
Jamesville	NY 13078	Occupation			
SIGNATURE (optional) Thomas J. O'Connor			DATE For further information contact:		
Thomas J. O Connor		[Electronically Filed]		Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	



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1. NAME OF COMMITTEE IN FULL				
Katko for Congress				
ADDRESS (number and street) 5407 Anvil Drive	e		1	
CITY, STATE, and ZIP CODE			_	
Camillus		NY 13031	continuation	page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	IUMBER
John M Katko		House NY 24	C00556365	
5. ISTHIS AN AMENDMENT? NO, THIS IS A	NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Robert P. Honold			day, year)	
5 Devienten Lane			10/29/2014	1000.00
5 Bovington Lane		Transaction ID : F6.4629		
= cu	10000	Occupation 0.4023		
Fayettefille	NY 13066			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Patsy M. Hudson			40/00/0044	4000.00
5705 Bennett Corners Rd.			10/29/2014	1000.00
		Transaction ID: F6.4630		
Camillus	NY 13031	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	141 10001	Name of Employer	Date (month,	Amount
•		Name of Employer	day, year)	Amount
William G. Pomeroy			10/29/2014	1000.00
PO Box 3327			10/20/2011	1000.00
		Transaction ID: F6.4628		
Syracuse	NY 13220	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Joseph Romano			day, year)	
			10/30/2014	1000.00
121 Gadwall Lane		Transaction ID : F6.4625		
		Occupation Occupation		
Manlius	NY 13104			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Lynn Romano			uay, year)	
121 Gadwall lane			10/30/2014	1000.00
121 Sadwaii iano		Transaction ID : F6.4635		
	10404	Occupation		
Manlius	NY 13104			

Image# 14952563088 PAGE 3 / 3

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NAME OF COMMITTEE IN FULL			
Katko for Congress			
ADDRESS (number and street) 5407 Anvil Drive		1	
CITY, STATE, and ZIP CODE		Continuation	n nago
Camillus	NY 13031	continuation	
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATIO	N NUMBER
John M Katko	House NY 24	C00556365	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
GOOD FUND, THE		day, year)	
,		10/30/2014	3000.00
PO BOX 3404			
	Transaction ID : F6.4626		
ALEXANDRIA VA 22302	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		aay, you.	
	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation	_	
	Cocupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occurrent or		
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
	Tallo of Employor	day, year)	
	Occupation		